

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised January 2014



Page 1 of 4

REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE OR POSITION SOUGHT	3. DISTRICT NUMBER (If applicable)
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	Nov 3, 2015	City Council	2

4. PARTY AFFILIATION

☒ Republican   ☐ Democratic   ☐ Other (Specify)

5. CANDIDATE NAME

First Name	MI	Last Name	Suffix
Jodi	L	Zils Gagne	

6. CANDIDATE RESIDENCE ADDRESS			7. CANDIDATE MAILING ADDRESS (If different)		
Street Address			Address		
1192 Hill Street					
City	State	Zip Code	City	State	Zip Code
Bristol	CT	06010			

8. CANDIDATE TELEPHONE	9. CANDIDATE EMAIL ADDRESS
(Include Area Code)	
860   845   8818	gaglz@comcast.net

10. DESIGNATION OF CAMPAIGN FUNDING SOURCE

(Check one)

- ☒ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.
- ☐ B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.

Go to **Form 1A** and complete **pages 2 and 3** — Candidate Registration Statement.

Go to **Form 1B** and complete **page 4** — Certification of Exemption from Forming a Candidate Committee.

**Important Notice:** Failure of a candidate to complete this page *together with* either Form 1A, "Registration of Candidate Committee," or Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee.  
See Section 9-623(b), Connecticut General Statutes.

*Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.*

RECEIVED  
2015 APR - 1 PM 4:29  
TOWN AND CITY CLERK  
BRISTOL, CT

# SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

## Candidate Committee Registration Statement

Revised January 2014



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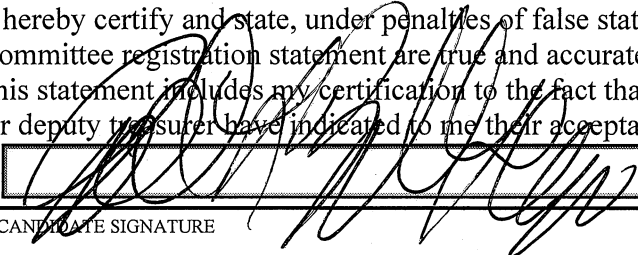
<b>REGISTRATION TYPE</b>		<b>CANDIDATE NAME</b>	
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment		Jodi Zils Gagne	
<b>11. COMMITTEE NAME</b>			
Jodi for Council			
<b>12. COMMITTEE ADDRESS</b>		<b>13. &amp; 14. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b>	
Address 27 Harper Court		Email Address gklemyk@yahoo.com	
City Bristol	State CT	Zip Code 06010	Website www.jodiforcouncil.com
<b>15. TREASURER NAME</b>			
First Name Gary	MI	Last Name Klemyk	Suffix
<b>16. TREASURER RESIDENCE ADDRESS</b>		<b>17. TREASURER MAILING ADDRESS (if different)</b>	
Street Address 27 Harper Court		Address	
City Bristol	State CT	Zip Code 06010	City State Zip Code
<b>18. TREASURER TELEPHONE</b>		<b>19. TREASURER EMAIL ADDRESS</b>	
(Include Area Code) 860    881    6454		gklemyk@yahoo.com	
<b>20. DEPUTY TREASURER NAME</b>			
First Name	MI	Last Name	Suffix
<b>21. DEPUTY TREASURER RESIDENCE ADDRESS</b>		<b>22. DEPUTY TREASURER MAILING ADDRESS (if different)</b>	
Street Address		Address	
City	State	Zip Code	City State Zip Code
<b>23. DEPUTY TREASURER TELEPHONE</b>		<b>24. DEPUTY TREASURER EMAIL ADDRESS</b>	
(Include Area Code)			
<b>25. DEPOSITORY INSTITUTION NAME</b>			
Liberty Bank			
<b>26. DEPOSITORY INSTITUTION ADDRESS</b>			
Address 774 Farmington Avenue		City Bristol	State CT    Zip Code 06010

REGISTRATION TYPE	CANDIDATE NAME
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	Jodi Zils Gagne

## 27. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

  
 CANDIDATE SIGNATURE

3/20/15  
 DATE (mm/dd/yyyy)

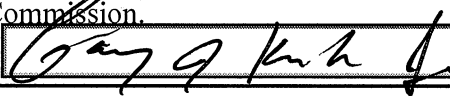
Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.

  
 TREASURER SIGNATURE

3/30/2015  
 DATE (mm/dd/yyyy)

Deputy Treasurer


I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

  
 DEPUTY TREASURER SIGNATURE

  
 DATE (mm/dd/yyyy)